



# CDC's Country Management and Support Initiative

## Report Summary for July 2011 Country Management and Support Visit to Vietnam

### Background

As the U.S. science-based public health and disease prevention agency, the Centers for Disease Control and Prevention (CDC) plays an important role in implementing the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) under the direction of the Department of State Office of the U.S. Global AIDS Coordinator. CDC uses its technical expertise in public health science and long-standing relationships with Ministries of Health across the globe to work side-by-side with countries to build strong national programs and sustainable public health systems that can respond effectively to the global HIV/AIDS epidemic. All CDC global HIV/AIDS PEPFAR-related activities are implemented by the Division of Global HIV/AIDS (DGHA) in CDC's Center for Global Health.

### CDC's Commitment to Accountability

CDC/DGHA launched the Country Management and Support (CMS) initiative in 2011 to identify any challenges resulting from the rapid scale-up of complex PEPFAR/CDC programming as part of CDC's commitment to transparency and accountability. This initiative serves as a basis for ongoing, monitored quality improvement of CDC/DGHA's programs and operations through internal programmatic and financial oversight. CMS is a proactive response on the part of CDC to ensure that CDC/DGHA is supporting the Presidential Initiatives, Department of State, and Office of the U.S. Global AIDS Coordinator. The CMS strategy is designed to assess CDC/DGHA's accountability in the following key areas:

- **Intramural Resources:** Ensuring proper management and stewardship of financial resources, property, and human resources within CDC's overseas offices
- **Extramural Funding:** Ensuring responsible and accurate management of financial and other resources external to CDC's overseas offices
- **Public Health Impact:** Ensuring the delivery of consistently high quality interventions and technical assistance that positively impact the populations the program serves

### Vietnam Country Management and Support Visit

CDC/DGHA conducted a CMS visit to the CDC country office in Vietnam from July 18-22, 2011. The principal objectives of this CMS visit were to:

- Perform a CDC/DGHA headquarters assessment of internal controls in the field to ensure the highest level of accountability
- Provide clear feedback and support to the country office to improve current internal controls
- Refine, systematize, and modify CMS methodologies, processes, and associated tools for full implementation of the CMS across all CDC/DGHA-supported programs in the field

CDC/DGHA headquarters (CDC/HQ) in Atlanta, Georgia assembled an intra-agency multidisciplinary team of twelve subject matter experts in the following areas to perform the CMS assessment: country management and operations, program budget and extramural management, procurements and grants, financial management, and several key technical program areas (e.g., strategic information, laboratories, prevention, and care and treatment).

## CMS Methodology

The CMS team conducted a five-day visit to the CDC/DGHA office in Vietnam (CDC/Vietnam), which included reviews of financial documents, administrative and technical site visits with grantees, one-on-one meetings with staff, data quality spot checks, and reviews of internal financial controls at CDC and grantee offices. Assessment tools and checklists were developed by CMS leadership in consultation with subject matter experts at CDC/HQ. This methodology was designed to provide a “point in time” synopsis of CDC/Vietnam’s operations.

Visits were conducted with a limited number of grantees, who were selected based on the amount of CDC/PEPFAR funds received, the sensitivity of or high priority of their activities, and/or the country team’s recommendations. A few site visits were conducted to observe activities implemented by grantees; sites were selected by the grantees and based upon convenience. Most of the team conducted their assessments in Hanoi; three team members spent two days in Ho Chi Minh City. CDC/Vietnam leadership, project officers, and activity managers also participated in site visits. Confidential, one-on-one interviews with CDC/Vietnam staff and leadership of other major United States government agencies in Vietnam were conducted by the Country Operations and Management team.

## Scope

CMS visits are designed to provide an overview of CDC/DGHA country programs and identify best practices and areas for improvement. These visits should not be considered comprehensive and are not intended to replace Inspector General audits. The scope of this CMS visit focused only on the CDC/DGHA portfolio of global HIV/AIDS activities implemented through PEPFAR.

## Program Background

The CDC/Vietnam office was established in 2001. CDC supports Vietnam in developing sustainable infrastructures to accurately and efficiently diagnose, stage, and monitor HIV treatment as well as to build in-country capacity to design, implement, and evaluate surveillance systems. CDC has helped improve national health information systems to collect, store, analyze, and use high-quality data essential to HIV prevention, care, and treatment programs. CDC/Vietnam focuses its efforts on provinces with high HIV prevalence and working in partnership with the Government of Vietnam to support targeted programming for most-at-risk populations (MARPs). These populations include: injection drug users, commercial sex workers, and men who have sex with men. Targeted programs for MARPs include risk reduction interventions, medication-assisted therapy, and other addictions recovery support, in addition to critical HIV/AIDS interventions such as the provision of antiretroviral therapy.

## Summary of Key Findings and Recommendations

### Program Administration and Technical Oversight

**Country Operations.** The CMS team reported good communication and productive collaborations across CDC programs and PEPFAR implementing agencies. There was also a high level of training, career development, and conference participation by staff at all levels. Locally employed staff were highly committed, experienced, and familiar with the CDC, U.S. government systems, and PEPFAR programs. CDC/Vietnam has high US direct hire staff retention.

**Country Management.** CDC/Vietnam’s overall strategy for impacting the HIV epidemic in the country is not clear and the rationale for some activities and implementing-grantee efforts is not readily apparent.

**Recommendation:**

- The CDC/Vietnam office should prioritize support for the development of the next phase of the Vietnam national HIV strategy, followed by the development and implementation of a clear CDC/Vietnam strategy. This strategy should be based on where technical strengths can most effectively impact the goals of the national strategy. Opportunities to focus CDC's PEPFAR funding to achieve maximal impact on the HIV/AIDS epidemic in Vietnam include:
  - Low CD4+ count for patients initiating antiretroviral treatment
  - Limited access to highest prevalence populations in incarcerated settings

**Technical Program Areas.** CDC/Vietnam's technical teams help to ensure the technical merit and utility of overall technical and program activities. The technical teams are involved in the cooperative agreement/contract processes from funding opportunity announcement/task order planning to ongoing management after the award has been granted. The coordination of activities by the CDC/Vietnam technical teams facilitates better understanding of grantees' needs, work plans, monitoring and evaluation plans, and PEPFAR targets.

**Program Management**

**Procurement and Grants, and Program Budget and Extramural Management.** The CMS team members from CDC's Procurement and Grants Office (PGO) and DGHA's Program Budget and Extramural Management Branch (PBEMB) visited seven grantees. In general, CDC/Vietnam is managing budget and extramural funding well but needs to develop standard operating procedures for grants management. PBEMB and PGO also highlighted the need to adjust CDC/Vietnam's interaction with grantees and monitoring and evaluation of grantee implementation. Monitoring should be more frequent and standardized to both central and service delivery sites.

**Financial Management**

The CMS team members from CDC's Financial Management Office (FMO) found that internal controls related to petty cash funds appear to be adequate for ensuring that funds are not at high risk for abuse. However, CDC/Vietnam needs to ensure that internal controls are in place to have the appropriate segregation of duties for approval functions.

**Recommendation:**

- CDC/Vietnam should authorize travel on a trip by trip basis and improve travel justification procedures. Careful attention should be used to record the travel obligation to the appropriate object class code and CDC/Vietnam should aim to clear open travel advances in a timely manner

**Next Steps**

The CMS team shared their key findings and recommendations with the CDC/Vietnam office and CDC/HQ. The team also developed a scorecard for internal management use, which is populated with all of the issues identified during the visit, recommendations, due dates, and primary point of contact for each issue.